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ABSTRACT

There is evidence that many women experience sexual assault, and that sexual assault can cause psychological and interpersonal problems. This study examined the psychological aftermath of sexual assault in a probability sample of female university students and employees (N=542), focusing on how various aspects of a victim's lifetime sexual assault history and her relationship with her assailant mediate posttraumatic recovery. Subjects completed a survey assessing: (1) demographic information; (2) social functioning; (3) distress caused by fears and phobias; (4) attitudes toward rape and rape victims; (5) psychological functioning; (6) most recent sexual assault experience; (7) additional sexual assault experiences; (8) symptoms of posttraumatic stress disorder (answered only by victims); and (9) physical violence in romantic relationships. Thirteen percent of respondents (N=70) reported sexual assault at some point in their lives. Compared to nonvictims, victims were more than twice as likely to meet given criteria for a psychiatric case, suggesting that sexual assault presents significant risk for psychological disorder. Victims of a single assault by a stranger, acquaintance, boyfriend, or husband, and adult multiple assault victims were the least distressed; victims of a single assault by a date, multiple childhood victims, and victims of repeated incest were the most distressed. Regarding psychological defense mechanisms, results indicated that denial scores were significantly predicted by number of sexual assaults. (NB)

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Victimization History and Victim-Assailant Relationship as Factors in Recovery from Sexual Assault

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Since the early 1970's, numerous researchers have sought to delineate the psychological concomitants of sexual assault. There is now considerable evidence, including data from large probability samples, that a significant proportion of women experience sexual assault, and that sexual assault disrupts the lives of victims and causes significant psychological and interpersonal difficulties. There is also evidence for considerable variability in the intensity and chronicity of trauma experienced by victims.

The present study investigated the psychological aftermath of sexual assault in a probability sample of university women, with an emphasis on how various aspects of a victim's lifetime sexual assault history and their relationship with their assailant(s) mediate posttraumatic recovery. The present research provides a unique perspective on the role of victim-assailant relationship, and multiple, repeated, and incestuous assaults, as these are all considered in the context of the victim's complete assault history.

Method

Subjects

The subjects were a probability sample of female students and employees at Duke University. The total sample combined two probability subsamples and was made up of 502 students and 503 employees. The pool of eligible students was drawn from the Duke University Registrar's student file for the fall of 1985, and the pool of eligible employees was drawn from Duke's payroll extract for December, 1985. Table (Slide) 1 provides a description of the subjects in the current study with regard to demographic information.

(insert Table (Slide) 1 about here)

The overall response rate to the questionnaire was 54.2% (N = 542). Certain subgroups of subjects were less likely to respond than others: A smaller

percentage of employees, blacks, married subjects, junior and sophomore students, and older employees participated in the study.

Measures of educational and occupational level (Reiss, 1961) for the final sample indicate the generally high socioeconomic status of the respondents. For example, 60.8% (n = 90) of the husbands of married respondents had completed college, and 31.8% (n = 47) had a graduate degree. Of the fathers of students respondents, 54.1% (n = 186) had a graduate degree. Although the employee respondents had achieved on average a lower educational level that either the husbands or the students' fathers, 56.5% (n = 109) had a college degree and 88.1% (n = 170) had some college education.

Materials

The research instrument was a nine-part, 13-page questionnaire described to participants as a survey about sexual assault. Part one of the survey gathered demographic data. Parts two through five and part eight were standardized measures used to assess aspects of current psychological functioning as well as attitudes toward sexual assault. Part two was a measure of social functioning (the Social Adjustment Scale, Self-Report), part three a measure of distress caused by fears and phobias (the Veronen-Kilpatrick Modified Fear Survey), part four a measure of attitudes toward rape and rape victims (the Burt Rape Myth Acceptance Scale), and part five, a measure of psychological functioning on a number of symptom dimensions (the Derogatis SCL-90R). Part six established the prevalence of sexual assault and gathered information about victims' most recent sexual assault experience, including descriptive data about victims' disclosure of the assault to others and the social support victims received. Part seven collected data about victims' additional sexual assault experiences. Part eight, answered only by victims, was a psychological measure of symptoms of

posttraumatic stress disorder (the Impact of Event Scale), specifically intrusions and denial. Part nine collected data about physical violence in romantic relationships, data which are not reported in this paper.

Victim Status

A respondent was classified as a sexual assault victim if she answered affirmatively that she had had "sexual intercourse, attempted sexual intercourse, or other explicit sexual acts" with a man in a situation involving force or the threat of force. Thus nonconsensual sexual activity provided the criterion for victim classification. This definition was thought appropriate to encompass both adult and childhood sexual assault. If a respondent answered this question affirmatively, further information was sought about characteristics of the most recent assault and past sexual assault experiences. The amount of violence experienced during the most recent assault, the extent to which the victim was treated "kindly" or in a personal way during the most recent assault (i.e., the degree of pseudotender behavior experienced), the amount of time that had elapsed since the most recent assault, whether the victim had acknowledged the most recent assault to at least one other person, and the total number of sexual assaults a woman had experienced by different assailants in her lifetime were all determined. Furthermore, victims were categorized into ad hoc groups based on their lifetime history of sexual assault and on their relationship with their assailant(s).

Victims were first divided into four levels based on their lifetime history of sexual assault. Levels were as follows: single assault victims; adult multiple assault victims (i.e., victims who had been assaulted by a particular assailant on more than one occasion); repeated assault victims (i.e., victims who had experienced more than one assault by different assailants over the course of their lifetime); and childhood multiple assault victims or incest

victims (i.e., victims who had been assaulted by a family member before the age of eighteen) who had been repeatedly assaulted. Next, within these four levels victims were further divided into groups based on the degree of familiarity with their assailant(s). This resulted in the ten groups which appear in Table (Slide) 2.

(insert Table (Slide) 2 about here)

Results and Discussion

Descriptive Data

Prevalence and incidence. Thirteen percent of the respondents (n = 70) indicated that they had been sexually assaulted at some point in their lifetime, while 1.3%, or seven, of the respondents reported that they had experienced sexual assault within the past year. Prevalence rates were not appreciably different when calculated separately for students and employees, although the students were younger than the employees and thus at greater risk of future assault.

The prevalence finding of 13% is consistent with findings in other similar studies such as the ones by Kilpatrick and colleagues (1985) and Sorenson and colleagues (1986), although estimates in the literature do range considerably from 2.5% (George & Winfield-Laird, 1986) to 44% (Russel, 1984). Our finding of 13% is considerably lower than the 27% figure found by Koss and her colleagues (1987) in a non-probability sample of institutions of higher learning across the country. Studies such as Koss et al. that use multiple behaviorally specific questions tend to yield higher estimates of the frequency of sexual assault than do studies such as ours that rely on a gate question regarding sexual assault. On the other hand, several researchers have suggested that the prevalence of

sexual assault may be lower in the southeastern United States than in other regions of the country (George & Winfield-Laird, Koss et al.).

In addition to prevalence figures for the entire sample, it is interesting to examine the frequency of different assault experiences among victims. Forty percent, or 28, of the victims reported having experienced more than one assault. Thirteen percent, or 9, of the victims responded that they had been sexually assaulted by a family member when under the age of 18, 41% (28) had been sexually assaulted by someone with whom they were romantically involved, and 14% (10) had been sexually assaulted more than once over a period of time by a husband, lover, boyfriend, or date. Clearly, contrary to the stereotype, an isolated assault by a stranger is a relatively unlikely event (21% in this sample), as has been reported in other studies with probability samples as well (Russell, Kilpatrick et al., Sorenson et al.). Finally, the victims' ages at the time they were first assaulted ranged from 4 to 33, with a mode of 18 and a mean of 16.3 (SD = 7). The mode of 18, which corresponds to the findings of other studies (e.g., Sorenson et al.), suggests that women may be particularly vulnerable to assault upon first starting college or work life.

Disclosure of the assault to others. Exactly two thirds (n = 46) of the 69 victims who responded to the question indicated that they had told someone about the assault, a proportion similar to that found in other studies (e.g., George & Winfield-Laird, 1986). More than one half of the victims who told someone about the assault did so within a day of its occurrence, and, in general, the victims who turned most for support to a boyfriend, husband, family member, or friend evaluated positively the quality of social support provided by the confidant. Only 18% (n = 12) of the 50 respondents reported the assault to the police, a reporting rate similar to the rates found in other studies, e.g., 13% (Russell, 1984) and 21.8% (George & Winfield-Laird, 1986). The most frequently endorsed

reasons for not reporting the assault to the police indicate that many women are unwilling to report because of the prospect of blame, retaliation, disbelief, and publicity , and because of the perceived futility of reporting, concerns to which law enforcement agencies and the media could be more sensitive and responsive. In addition, some victims have mixed feelings about causing their assailants to be punished.

The Rate of Disorder Among Victims and Nonvictims

In this study, 42.9%, or 30, of the 70 victims among the respondents fit Derogatis' definition of caseness based on the SCL-90R, compared to only 24.4% (128) of the 468 nonvictim respondents. This is a reliable difference (Fisher's exact test, one tail, $p<.01$). Thus victims were almost twice as likely as nonvictims to meet given criteria for a psychiatric case, a result comparable to the finding of Sorenson et al. (1986) that sexual assault victims were twice as likely as nonvictims to show lifetime psychopathology. Although this finding does not take causal direction into account, it supports the findings of previous research with probability samples where it has been determined that sexual assault tends to occur before or at the same time as the onset of psychiatric problems (George & Winfield-Laird, 1986; Kilpatrick et al., 1985, 1987; Sorenson et al., 1986).

Victims and nonvictims were also compared on their mean scores on the Social Adjustment Scale, The Modified Fear Survey (Overall score and Rape subscale score), and the SCL-90R General Severity Index (GSI). Victims (M = 0.59, SD = 0.41) scored significantly higher than nonvictims (M = 0.48, SD = 0.39) on the GSI (2 tailed $t[534] = -2.15$, $p<.05$), corroborating the caseness finding. What is also interesting, however, is that when the victim means on these psychological measures are compared with means for a volunteer sample of

victims at the same research site (see Cohen & Roth, 1987), the volunteer sample looks clearly more distressed on all measures. This underscores the limitation of generalizing about the psychological aftermath of sexual assault from nonrandom samples.

Differences Among Victim Groups

Equally as striking as the fact that sexual assault seems to present a significant risk for psychological disorder are the findings pointing to differences among victim groups. It is these data from our research that are perhaps the most unique.

To evaluate differences among victim groups, a series of weighted means conditionalized planned comparisons (Keppel, 1982) were performed on each of the measures of adjustment, including the Impact of Events Scale. The comparisons were based on the victim groupings appearing in Table (Slide) 2, and differences were first evaluated within the four levels before proceeding with between-level comparisons. Furthermore, regression equations were planned for those measures of adjustment which differentiated among the victim groups. Race, socioeconomic status, violence, pseudotender behavior, number of sexual assaults, attitudes towards rape, years since the most recent assault, and whether the victim told anyone about the assault served as predictor variables.

Differences among victim groups were found for the SCL-90R GSI, and the Impact of Events denial subscale.

SCL-90R GSI. Within level comparisons revealed a significant difference between Groups 1 and 3, both of which were consequently separated from the other Level 1 groups in the next planned analysis. The six means on which this next analysis was performed appear in Table (Slide) 3. The difference among the means is reliable, $F[5,62] = 3.31$, $p<.01$, and post hoc comparisons revealed that

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(insert Table (Slide) 3 about here)

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victims who had experienced a single assault by a stranger, an acquaintance, or a boyfriend, or husband and adult multiple assault victims were the least distressed. Victims who had experienced a single assault by a date, and multiple childhood victims and victims of incest with repeated assault were the most distressed. Repeated assault victims fell between these two extremes.

A multiple regression analysis was then computed with the eight predictor variables mentioned earlier, and with the GSI as the criterion. Backwards stepwise procedures indicated that GSI was significantly predicted by pseudotender behavior, $F[1,58] = 9.01$, $p<.01$. This led to an exploration of differences among victim groups on this measure. Within-level comparisons revealed a significant difference between Groups 1 and 3, and 1 and 4, and between Groups 9 and 10. The seven means on which the analysis was consequently done appear in Table (Slide) 4. The difference among the means is reliable,

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(insert Table (Slide) 4 about here)

$F[6,61] = 3.30$, $p<.001$, and post hoc comparisons revealed that victims who had experienced a single assault by a stranger, and victims who had been multiply assaulted as children experienced pseudotender behavior to the least extent. Victims who had experienced a single assault by a date or a boyfriend or husband, and incest victims who were also repeated assault victims experienced (in their most recent assault) pseudotender behavior to the greatest extent. Adult multiple assault victims, repeated assault victims, and victims who had experienced a single assault by an acquaintance fell between these two extremes.

The differences among the victim groups on the SCL-90R General Severity

Index are most intriguing in regard to the date rape victims, who are as psychologically distressed as victims of chronic childhood assault. There is evidence in the literature on criminal victimization presented by Kilpatrick and his colleagues (1985) that ambiguous assault circumstances result in quite negative psychological consequences, perhaps because of the victim's lack of clarity about the assailant's intentions. There is evidence that date rape may present an ambiguous circumstance since it can occur, for example, in the context of consensual sexual activity, where the sexual limits imposed by victims are disregarded by their assailants, and where violence is rarely used (see, e.g., Kanin, 1984). Date rape victims in this sample were exposed to pseudotender treatment to a greater extent than most other assault victims, and this faces victims with the task of reconciling hostile with ostensibly caring behavior. In the case of a relatively undeveloped romantic relationship with a date, pseudotender treatment may exacerbate the effects of sexual assault by leaving a victim unclear about her assailant's intentions or her role in the assault. She may feel betrayed or misled, or question her perceptions and judgment. In the case of a more developed and sustained relationship with a boyfriend, pseudotender treatment may serve to mitigate the effects of sexual assault. That is, a woman assaulted by a boyfriend may choose to interpret pseudotender behavior as genuine concern, and feel less betrayed or be less likely to experience the assault as rape. This would explain why victims who had experienced a single assault by a boyfriend or husband, while experiencing pseudotender behavior to the same extent, would not be as distressed as victims who had experienced a single assault by a date. Clearly these hypotheses are speculative, and warrant further exploration.

Our findings with respect to adult multiple assault victims were also surprising, as previous research indicates that victims of marital assault are

among the most distressed victims of sexual assault (e.g., Russell, 1982). Eighty percent of our multiple assault victims were assaulted between two and five times, which may explain the relatively low distress levels in this group. Also, the severe long-term difficulties noted by others may result from a failure to differentiate the effects of repeated victimization from those of multiple victimization, as we were able to do in this study.

Impact of events denial subscale. Within level comparisons revealed a marginally significant difference between Groups 9 and 10 on the denial subscale of the IES. The five means on which the analysis was consequently done appear in Table (Slide) 5. The difference among the means is reliable, $F[4,63] = 2.59$,

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(insert Table (Slide) 5 about here)

$p<.05$, and post hoc comparisons revealed that single assault victims, adult multiple assault victims, and victims who had been multiply assaulted as children were least symptomatic on this subscale of the IES. Incest victims who were also repeated assault victims were the most symptomatic, with repeated assault victims scoring between these two extremes.

A multiple regression analysis was then computed with the same eight predictor variables, and with the denial subscale as the criterion. Backwards stepwise procedures indicated that denial scores were significantly predicted by number of sexual assaults, $F[1,58] = 10.83$, $p<.002$.

The differences among the victim groups on the denial subscale of the Impact of Events scale suggest the importance of repeated victimization for this symptom of posttraumatic stress. The relationship between victimization history and denial can be conceptualized in the following way: Our findings may be taken as evidence that incestuous and repeated victimization present a greater

need to defend, and that this occurs through the mechanism of denial. In support of this interpretation are indications from clinical samples that incest victims commonly employ avoidant defense strategies such as denial, repression, and dissociation (e.g., Bowman, Blix & Coons, 1985; Coons & Milstein, 1984; Spiegel, 1986). Thus, denial may be viewed as a coping antidote to extensive sexual trauma, i.e., as evidence that this more primitive defense mechanism is needed to protect ego integrity in the face of massive or repeated trauma.

It is also quite plausible that the denied effects of extensive sexual assault operate so as to increase the likelihood of revictimization. This interpretation has support from a long history of psychological thought which suggests that denial of traumatic events is often unsuccessful, and that the trauma continues to exert unconscious, maladaptive influence over behavior. The importance of understanding this relationship is emphasized by increasing evidence, including our own, that there is a high likelihood that victims will be revictimized.

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Table 1

Description of Subjects

	Respondents[a]		Nonrespondents[a]	
Student	345	(68.7%)	157	(31.3%)
Employee	195	(38.8%)	308	(61.2%)
Race				
White	470	(61.3%)	297	(38.7%)
Black	47	(23.0%)	157	(77.0%)
Other[b]	24	(70.6%)	10	(29.4%)
Marital Status[c]				
Married	148	(43.3%)	194	(56.7%)
Not Married	394	(59.4%)	269	(40.6%)
Class (students only)				
Soph.	84	(63.2%)	49	(36.8%)
Jr.	74	(60.2)	49	(39.8%)
Sr.	91	(75.2%)	30	(24.8%)
Grad.	96	(76.8%)	29	(23.2%)
Age (employees only)				
<30	60	(46.5%)	69	(53.5%)
30-39	79	(43.4%)	103	(56.6%)
40-49	30	(30.9%)	67	(69.1%)
50-59	19	(31.7%)	41	(68.3%)
>-60	7	(20.0%)	28	(80.0%)

[a]Column totals for respondents and nonrespondents vary due to differences in the number of study participants who responded to the demographic questions.

[b]The "Other" category includes Hispanic, Asian, and Native American subjects.

[c]The "Not Married" category includes those subjects who were single, separated, divorced, or widowed. Only a small number of respondents were separated, divorced, or widowed.

Table 2

Victim Groups

Level 1: Single Assault Victims

1. Group 1: Victims who had experienced a single assault by a stranger (N = 14).

   Group 1a: Victims who had been assaulted as children (N = 4).

   Group 1b: Victims who had been assaulted as adults (N = 10).

2. Group 2: Victims who had experienced a single assault by an acquaintance (N = 8).

3. Group 3: Victims who had experienced a single assault by a date (N = 5).

4. Group 4: Victims who had experienced a single assault by a boyfriend or husband (N = 5).

Level 2: Adult Multiple Assault Victims

5. Group 5: Victims who had experienced more than one assault by a single perpetrator (boyfriend or husband in five cases) (N = 6).

Level 3: Repeated Assault Victims

6. Group 6: Victims who had been assaulted repeatedly, but were not romantically involved with any of their assailants (N = 5).

7. Group 7: Victims who had been assaulted repeatedly, and who had been romantically involved with one of these assailants (N = 8).

8. Group 8: Victims who had been assaulted repeatedly, and who had been multiply assaulted by one of their assailants (N = 5).

Level 4: Multiple Childhood Victims, or Victims of Incest with Repeated Assault

9. Group 9: Victims who had been multiply assaulted as children by someone they knew (e.g., babysitter, godfather, etc.) (N = 4).

10. Group 10: Incest victims who were also repeated assault victims (N = 8).

Table 3

Means and Standard Deviations on the SCL-90R GSI for Six Victim Groupings*

Victim Grouping	N	Mean	Standard Deviation
Group 1: Victims who had experienced a single assault by a stranger	14	0.38[a]	0.25
Groups 2 and 4: Victims who had experienced a single assault by an acquaintance or a boyfriend or husband	13	0.52[a]	0.43
Group 3: Victims who had experienced a single assault by a date	5	0.92[b]	0.57
Level 2 (Group 5): Adult multiple assault victims	6	0.36[a]	0.24
Level 3 (Groups 6, 7, 8): Repeated assault victims	18	0.56[a,b]	0.32
Level 4 (Groups 9, 10): Multiple childhood victims, or victims of incest with repeated assault	12	0.84[b]	0.44

*Means which do not share a superscript are significantly ($p<.05$) different from one another.

Table 4

Means and Standard Deviations on Psuedotender Behavior for Seven Victim Groupings*

Victim Grouping	N	Mean	Standard Deviation
Group 1: Victims who had experienced a single assault by a stranger	14	1.57[a]	0.94
Group 2: Victims who had experienced a single assault by an acquaintance	8	2.25[a,b]	0.88
Groups 3 and 4: Victims who had experienced a single assault by a date or a boyfriend or husband	10	3.11[b]	0.88
Level 2 (Group 5): Adult multiple assault victims	6	2.33[a,b]	1.37
Level 3 (Groups 6, 7, 8): Repeated assault victims	18	2.27[a,c]	1.07
Group 9: Victims who had been multiply assaulted as children by someone they knew	4	1.66[a]	0.47
Group 10: Incest victims who were also repeated assault victims	8	3.12[b,c]	1.25

*Means which do not share a superscript are significantly ($p<.05$) different from one another.

Table 5

Means and Standard Deviations on the IES Denial Subscale for Five Victim Groupings*

Victim Grouping	N	Mean	Standard Deviation
Level 1 (Groups 1, 2, 3, 4): Single assault victims	32	1.12[a]	1.44
Level 2 (Group 5): Adult multiple assault victims	6	0.77[a]	1.41
Level 3 (Groups 6, 7, 8): Repeated assault victims	18	1.66[a,b]	1.68
Group 9: Victims who had been multiply assaulted as children by someone they knew	4	0.63[a]	1.08
Group 10: Incest victims who were also repeated assault victims	8	2.92[b]	1.94

*Means which do not share a subscript are significantly ($p<.05$) different from one another.